

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**

City Clerk's Office  
Date Initial Filing Received  
Official Use Only  
**APR - 3 2017**  
**RECEIVED**

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
BARBADILLO GARRY DOMINGO

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

CITY OF MILPITAS

Division, Board, Department, District, if applicable

CITY COUNCIL

Your Position

CITY COUNCIL MEMBER

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Santh Clara County Library District  
Joint Powers Authority Board

Position: member

**2. Jurisdiction of Office (Check at least one box)**

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County

☐ County of

☒ City of

MILPITAS

☐ Other

**3. Type of Statement (Check at least one box)**

☒ **Annual:** The period covered is January 1, 2016, through December 31, 2016.

☐ **Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2016.

☐ The period covered is January 1, 2016, through the date of leaving office.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ **Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ **Candidate:** Election year \_\_\_\_ and office sought, if different than Part 1: \_\_\_\_

**4. Schedule Summary (must complete) ► Total number of pages including this cover page: 3**

**Schedules attached**

☐ **Schedule A-1 - Investments** – schedule attached

☒ **Schedule A-2 - Investments** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☒ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☐ **Schedule D - Income – Gifts** – schedule attached

☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or-

☐ **None - No reportable interests on any schedule**

**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)

455 E. CALAVERAS BLVD.

MILPITAS

CA

95035

DAYTIME TELEPHONE NUMBER

(508) 772 1784

E-MAIL ADDRESS

garrybarbadillo@gchwo.com

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

3/31/2017

(month, day, year)

Signature

(File the originally signed statement with your filing official.)

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
(Other than Gifts and Travel Payments)

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <u>GARRY BARBADILLO</u>

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

LAW OFFICE OF GARRY BARBADILLO

ADDRESS (Business Address Acceptable)

16 CORNING AVE, STE. 134 MILPITAS, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

ATTORNEY / OWNER

YOUR BUSINESS POSITION

ATTORNEY / OWNER

GROSS INCOME RECEIVED

- ☐ No Income - Business Position Only  
☐ \$500 - \$1,000  
☐ \$1,001 - \$10,000  
☒ \$10,001 - \$100,000  
☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☒ Salary  
☐ Spouse's or registered domestic partner's income  
(For self-employed use Schedule A-2.)

- ☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

- ☐ Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)

- ☐ Loan repayment

- ☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

\_\_\_\_\_  
(Describe)

- ☐ Other \_\_\_\_\_  
(Describe)

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ No Income - Business Position Only  
☐ \$500 - \$1,000  
☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000  
☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☐ Salary  
☐ Spouse's or registered domestic partner's income  
(For self-employed use Schedule A-2.)

- ☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

- ☐ Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)

- ☐ Loan repayment

- ☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

\_\_\_\_\_  
(Describe)

- ☐ Other \_\_\_\_\_  
(Describe)

► **2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000  
☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000  
☐ OVER \$100,000

INTEREST RATE

\_\_\_\_\_% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

- ☐ None ☐ Personal residence

- ☐ Real Property \_\_\_\_\_  
Street address

\_\_\_\_\_  
City

- ☐ Guarantor \_\_\_\_\_

- ☐ Other \_\_\_\_\_  
(Describe)

Comments: \_\_\_\_\_

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <u>GARRY BARBADILLO</u>

**1. BUSINESS ENTITY OR TRUST**

Name LAW OFFICE OF GARRY BARBADILLO

Address (Business Address Acceptable) 16 CORNING AVE, STE 134 MILPITAS, CA 95035

Check one  
☐ Trust, go to 2    ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS  
LAW PRACTICE

FAIR MARKET VALUE  
☐ \$0 - \$1,999  
☐ \$2,000 - \$10,000  
☒ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/16    \_\_\_\_/\_\_\_\_/16  
ACQUIRED    DISPOSED

NATURE OF INVESTMENT  
☐ Partnership    ☒ Sole Proprietorship    ☐ Other

YOUR BUSINESS POSITION OWNER

**2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

☐ \$0 - \$499    ☒ \$10,001 - \$100,000  
☐ \$500 - \$1,000    ☐ OVER \$100,000  
☐ \$1,001 - \$10,000

**3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE** (Attach a separate sheet if necessary.)  
☒ None    or    ☐ Names listed below

**4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
☐ INVESTMENT    ☒ REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property  
LAW OFFICE OF GARRY BARBADILLO 16 CORNING AVE, STE 134, MILPITAS, CA

Description of Business Activity or City or Other Precise Location of Real Property  
LAW OFFICE

FAIR MARKET VALUE  
☒ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/16    \_\_\_\_/\_\_\_\_/16  
ACQUIRED    DISPOSED

NATURE OF INTEREST  
☐ Property Ownership/Deed of Trust    ☐ Stock    ☐ Partnership  
☒ Leasehold    4    ☐ Other  
Yrs. remaining

☐ Check box if additional schedules reporting investments or real property are attached

**1. BUSINESS ENTITY OR TRUST**

Name \_\_\_\_\_

Address (Business Address Acceptable) \_\_\_\_\_

Check one  
☐ Trust, go to 2    ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS \_\_\_\_\_

FAIR MARKET VALUE  
☐ \$0 - \$1,999  
☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/16    \_\_\_\_/\_\_\_\_/16  
ACQUIRED    DISPOSED

NATURE OF INVESTMENT  
☐ Partnership    ☐ Sole Proprietorship    ☐ Other

YOUR BUSINESS POSITION \_\_\_\_\_

**2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

☐ \$0 - \$499    ☐ \$10,001 - \$100,000  
☐ \$500 - \$1,000    ☐ OVER \$100,000  
☐ \$1,001 - \$10,000

**3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE** (Attach a separate sheet if necessary.)  
☐ None    or    ☐ Names listed below

**4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
☐ INVESTMENT    ☐ REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property \_\_\_\_\_

Description of Business Activity or City or Other Precise Location of Real Property \_\_\_\_\_

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/16    \_\_\_\_/\_\_\_\_/16  
ACQUIRED    DISPOSED

NATURE OF INTEREST  
☐ Property Ownership/Deed of Trust    ☐ Stock    ☐ Partnership  
☐ Leasehold    \_\_\_\_    ☐ Other  
Yrs. remaining

☐ Check box if additional schedules reporting investments or real property are attached

Comments: LAW OFFICE LEASING SPACE

MAR 10 2017

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Please type or print in ink.

NAME OF FILER (LAST)

GRILLI

(FIRST)

MARSHA

## 1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CITY OF MILPITAS

COUNCILMEMBER

Division, Board, Department, District, if applicable

Your Position

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

## 2. Jurisdiction of Office (Check at least one box)

☐ State☐ Judge or Court Commissioner (Statewide Jurisdiction)☐ Multi-County \_\_\_\_\_☐ County of \_\_\_\_\_☒ City of MILPITAS☐ Other \_\_\_\_\_

## 3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2016, through December 31, 2016.

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2016.

☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)☐ The period covered is January 1, 2016, through the date of leaving office.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.☐ Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_☐ Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_4. Schedule Summary (must complete) ► Total number of pages including this cover page: 4

## Schedules attached

☐ Schedule A-1 - Investments - schedule attached☒ Schedule C - Income, Loans, & Business Positions - schedule attached☒ Schedule A-2 - Investments - schedule attached☒ Schedule D - Income - Gifts - schedule attached☐ Schedule B - Real Property - schedule attached☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

## 5. Verification

MAILING ADDRESS

STREET

CITY

STATE

ZIP CODE

(Business or Agency Address Recommended - Public Document)

455 EAST CALAVERAS BLVD

MILPITAS

CA

95035

DAYTIME TELEPHONE NUMBER

( 408 ) 5863031

E-MAIL ADDRESS

mgrilli@ci.milpitas.ca.gov

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

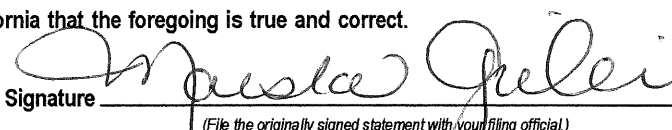
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

3-10-17

(month, day, year)

Signature



(File the originally signed statement with your filing official.)



**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name  
**GRILLI**

**▶ 1. BUSINESS ENTITY OR TRUST**

**MARSHA GRILLI**

Name  
**1182 Pescadero St , Milpitas , CA 95035**

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2    ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS  
**preschool/daycare**

FAIR MARKET VALUE

- ☐ \$0 - \$1,999  
☐ \$2,000 - \$10,000  
☒ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/16    \_\_\_\_/\_\_\_\_/16  
ACQUIRED    DISPOSED

NATURE OF INVESTMENT

☐ Partnership    ☐ Sole Proprietorship    ☐ \_\_\_\_\_ Other

**owner/operator**

YOUR BUSINESS POSITION

**▶ 1. BUSINESS ENTITY OR TRUST**

Name

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2    ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- ☐ \$0 - \$1,999  
☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/16    \_\_\_\_/\_\_\_\_/16  
ACQUIRED    DISPOSED

NATURE OF INVESTMENT

☐ Partnership    ☐ Sole Proprietorship    ☐ \_\_\_\_\_ Other

YOUR BUSINESS POSITION

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

- ☐ \$0 - \$499    ☐ \$10,001 - \$100,000  
☐ \$500 - \$1,000    ☐ OVER \$100,000  
☐ \$1,001 - \$10,000

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

- ☐ \$0 - \$499    ☐ \$10,001 - \$100,000  
☐ \$500 - \$1,000    ☐ OVER \$100,000  
☐ \$1,001 - \$10,000

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**

☐ None    or    ☐ Names listed below

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**

☐ None    or    ☐ Names listed below

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:

☐ INVESTMENT    ☐ REAL PROPERTY

Name of Business Entity, if Investment, or  
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or  
City or Other Precise Location of Real Property

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/16    \_\_\_\_/\_\_\_\_/16  
ACQUIRED    DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust    ☐ Stock    ☐ Partnership

☐ Leasehold    \_\_\_\_\_  
Yrs. remaining

☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:

☐ INVESTMENT    ☐ REAL PROPERTY

Name of Business Entity, if Investment, or  
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or  
City or Other Precise Location of Real Property

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/16    \_\_\_\_/\_\_\_\_/16  
ACQUIRED    DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust    ☐ Stock    ☐ Partnership

☐ Leasehold    \_\_\_\_\_  
Yrs. remaining

☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

Comments: \_\_\_\_\_

FPPC Form 700 (2016/2017) Sch. A-2  
FPPC Advice Email: [advice@fppc.ca.gov](mailto:advice@fppc.ca.gov)

FPPC Toll Free Helpline: 866/375-3773 [www.fppc.ca.gov](http://www.fppc.ca.gov)

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
(Other than Gifts and Travel Payments)

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <div style="text-align: center;">GRILLI</div>

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

Marsha Grilli

ADDRESS (Business Address Acceptable)

1182 Pescadero , Milpitas , CA 95035

BUSINESS ACTIVITY, IF ANY, OF SOURCE

preschool/daycare

YOUR BUSINESS POSITION

owner /operator

GROSS INCOME RECEIVED

☐ No Income - Business Position Only

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☒ \$10,001 - \$100,000

☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☒ Salary ☐ Spouse's or registered domestic partner's income  
(For self-employed use Schedule A-2.)

☐ Partnership (Less than 10% ownership. For 10% or greater use  
Schedule A-2.)

☐ Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)

☐ Loan repayment

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

(Describe)

☐ Other \_\_\_\_\_  
(Describe)

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

Dennis Grilli

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

retired/pension

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

☐ No Income - Business Position Only

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☒ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☒ Spouse's or registered domestic partner's income  
(For self-employed use Schedule A-2.)

☐ Partnership (Less than 10% ownership. For 10% or greater use  
Schedule A-2.)

☐ Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)

☐ Loan repayment

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

(Describe)

☐ Other \_\_\_\_\_  
(Describe)

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

INTEREST RATE

TERM (Months/Years)

\_\_\_\_\_% ☐ None

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property \_\_\_\_\_  
Street address  
City

☐ Guarantor \_\_\_\_\_

☐ Other \_\_\_\_\_  
(Describe)

Comments: \_\_\_\_\_

# **SCHEDULE D** **Income – Gifts**

► NAME OF SOURCE (Not an Acronym)  
 NAACP

ADDRESS (Business Address Acceptable)  
 1313 N. Milpitas , Ca 95035

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 23 16	50.00	meal
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)  
 Nunez Community Foundation

ADDRESS (Business Address Acceptable)  
 468 Cascadita Terrace, Milpitas Ca 95035

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 26 16	50.00	
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: \_\_\_\_\_

MAR 23 2017

RECEIVED

Please type or print in ink.

NAME OF FILER (LAST)

(FIRST)

Ciardella

Lawrence

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Milpitas

Division, Board, Department, District, if applicable

Planning Commission

Your Position

Commissioner

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County \_\_\_\_\_

☐ County of \_\_\_\_\_

☒ City of Milpitas

☐ Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2016, through December 31, 2016.

☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2016.

☐ The period covered is January 1, 2016, through the date of leaving office.

-or-

☐ Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary (must complete) ► Total number of pages including this cover page: \_\_\_\_\_

Schedules attached

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☒ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)

634 Santos Ct

Milpitas

CA

95035

DAYTIME TELEPHONE NUMBER

(408) 712-9710

E-MAIL ADDRESS

ciardella@AOL

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

March 22, 2017

(month, day, year)

Signature

(File the originally signed statement with your filing official.)

**STATEMENT OF ECONOMIC INTERESTS**

Date Initial Filing Received  
Official Use Only

**COVER PAGE**

Filed Date: 01/08/2017 02:59 PM  
SAN: FPPC

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Madhawat Rajeev K

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

City of Milpitas

Division, Board, Department, District, if applicable

Your Position

Planning Commissioner

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County \_\_\_\_\_

☐ County of \_\_\_\_\_

☒ City of Milpitas

☐ Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

☒ **Annual:** The period covered is January 1, 2016, through December 31, 2016.

☐ **Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2016.

☐ The period covered is January 1, 2016, through the date of leaving office.

-or-

☐ **Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ **Candidate:** Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary (must complete) ► Total number of pages including this cover page: 5**

**Schedules attached**

☒ **Schedule A-1 - Investments** – schedule attached

☒ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☒ **Schedule A-2 - Investments** – schedule attached

☐ **Schedule D - Income – Gifts** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or-

☐ **None - No reportable interests on any schedule**

**5. Verification**

MAILING ADDRESS STREET  
(Business or Agency Address Recommended - Public Document)

CITY

STATE

ZIP CODE

16 Corning Ave, Ste 136

Milpitas

CA

95035

DAYTIME TELEPHONE NUMBER

E-MAIL ADDRESS

( 408 ) 905-6161

rajeevx@gmail.com

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 01/08/2017 02:59 PM  
(month, day, year)

Signature Electronic Submission  
(File the originally signed statement with your filing official.)

# SCHEDULE A-1

## Investments

### Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700  
FAIR POLITICAL PRACTICES COMMISSION

Name

Rajeev Madnawat

► NAME OF BUSINESS ENTITY  
Cisco Systems

GENERAL DESCRIPTION OF THIS BUSINESS  
IT/Telecom Equipments

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000      ☒ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☒ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership      ☐ Income Received of \$0 - \$499  
                                  ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
       /        / 16             /        / 16  
 ACQUIRED                      DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership      ☐ Income Received of \$0 - \$499  
                                  ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
       /        / 16             /        / 16  
 ACQUIRED                      DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership      ☐ Income Received of \$0 - \$499  
                                  ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
       /        / 16             /        / 16  
 ACQUIRED                      DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership      ☐ Income Received of \$0 - \$499  
                                  ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
       /        / 16             /        / 16  
 ACQUIRED                      DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership      ☐ Income Received of \$0 - \$499  
                                  ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
       /        / 16             /        / 16  
 ACQUIRED                      DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership      ☐ Income Received of \$0 - \$499  
                                  ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
       /        / 16             /        / 16  
 ACQUIRED                      DISPOSED

Comments:

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <u>Rajeev Madnawat</u>

► 1. BUSINESS ENTITY OR TRUST

Madnawat Law Office  
Name  
16 Corning Ave, Ste 136, Milpitas, CA 95035  
Address (Business Address Acceptable)  
Check one  
☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS  
Law Practice

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
☐ \$0 - \$1,999  
☒ \$2,000 - \$10,000        /        / 16  
☐ \$10,001 - \$100,000        /        / 16  
☐ \$100,001 - \$1,000,000 ACQUIRED DISPOSED  
☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Partnership ☒ Sole Proprietorship ☐ Other

YOUR BUSINESS POSITION Owner

► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ \$0 - \$499 ☐ \$10,001 - \$100,000  
☐ \$500 - \$1,000 ☐ OVER \$100,000  
☒ \$1,001 - \$10,000

► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

☒ None or ☐ Names listed below

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:  
☐ INVESTMENT ☒ REAL PROPERTY

16 Corning Ave Ste 136, Milpitas CA 95035  
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property  
16 Corning Ave Ste 136 Milpitas, CA 95035  
Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
☒ \$2,000 - \$10,000        /        / 16  
☐ \$10,001 - \$100,000        /        / 16  
☐ \$100,001 - \$1,000,000 ACQUIRED DISPOSED  
☐ Over \$1,000,000

NATURE OF INTEREST  
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership  
☒ Leasehold 5 ☐ Other \_\_\_\_\_  
Yrs. remaining  
☐ Check box if additional schedules reporting investments or real property are attached

► 1. BUSINESS ENTITY OR TRUST

CaseFox, Inc.  
Name  
16 Corning Ave Ste 136, Milpitas, CA 95035  
Address (Business Address Acceptable)  
Check one  
☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS  
Website/Online Software

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
☐ \$0 - \$1,999  
☐ \$2,000 - \$10,000        /        / 16  
☐ \$10,001 - \$100,000        /        / 16  
☒ \$100,001 - \$1,000,000 ACQUIRED DISPOSED  
☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Partnership ☐ Sole Proprietorship ☒ Corporation  
Other

YOUR BUSINESS POSITION Shareholder

► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ \$0 - \$499 ☒ \$10,001 - \$100,000  
☐ \$500 - \$1,000 ☐ OVER \$100,000  
☐ \$1,001 - \$10,000

► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

☒ None or ☐ Names listed below

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:  
☐ INVESTMENT ☐ REAL PROPERTY

\_\_\_\_\_  
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property  
\_\_\_\_\_  
Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
☐ \$2,000 - \$10,000        /        / 16  
☐ \$10,001 - \$100,000        /        / 16  
☐ \$100,001 - \$1,000,000 ACQUIRED DISPOSED  
☐ Over \$1,000,000

NATURE OF INTEREST  
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership  
☐ Leasehold \_\_\_\_\_ ☐ Other \_\_\_\_\_  
Yrs. remaining  
☐ Check box if additional schedules reporting investments or real property are attached

Comments: \_\_\_\_\_

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
(Other than Gifts and Travel Payments)

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <u>Rajeev Madnawat</u>

1. INCOME RECEIVED	1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>Madnawat Law Office</u>	NAME OF SOURCE OF INCOME <u>CaseFox, Inc.</u>
ADDRESS (Business Address Acceptable) <u>16 Corning Ave, Ste 136, Milpitas, CA 95035</u>	ADDRESS (Business Address Acceptable) <u>16 Corning Ave, Ste 136, Milpitas, CA 95035</u>
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Law Office</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Internet based software</u>
YOUR BUSINESS POSITION <u>Owner</u>	YOUR BUSINESS POSITION <u>Shareholder and Officer</u>
GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$500 - \$1,000 <input checked="" type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input type="checkbox"/> Other _____ (Describe)	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input type="checkbox"/> Other _____ (Describe)

**2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*	INTEREST RATE	TERM (Months/Years)
ADDRESS (Business Address Acceptable)	_____% <input type="checkbox"/> None	_____
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> Real Property _____	Street address
<input type="checkbox"/> \$1,001 - \$10,000	_____	City
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> Other _____	(Describe)

Comments: \_\_\_\_\_



<b>CALIFORNIA FORM 700</b>	
FAIR POLITICAL PRACTICES COMMISSION	
Name	
Rajeev Madnawat	

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

NAME OF LENDER* _____ ADDRESS <i>(Business Address Acceptable)</i> _____ BUSINESS ACTIVITY, IF ANY, OF LENDER _____ HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	INTEREST RATE _____ % <input type="checkbox"/> None  SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence  <input type="checkbox"/> Real Property _____ <div style="text-align: right; margin-right: 50px;"><i>Street address</i></div> <div style="text-align: right; margin-right: 50px;">_____ <i>City</i></div> <input type="checkbox"/> Guarantor _____  <input type="checkbox"/> Other _____ <div style="text-align: right; margin-right: 50px;"><i>(Describe)</i></div>
--	--

FPPC Form 700 (2016/2017) Sch. C  
FPPC Advice Email: [advice@fppc.ca.gov](mailto:advice@fppc.ca.gov)  
FPPC Toll-Free Helpline: 866/275-3772 [www.fppc.ca.gov](http://www.fppc.ca.gov)

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

City Clerk's Office  
Official Use Only

MAR 09 2017

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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
MAGLALANG RAY

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CITY OF MILPITAS  
Division, Board, Department, District, if applicable

PLANNING COMMISSIONER  
Your Position

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

- ☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction)  
☐ Multi-County ☒ County of SANTA CLARA  
☒ City of MILPITAS ☐ Other

3. Type of Statement (Check at least one box)

- ☒ Annual: The period covered is January 1, 2016, through December 31, 2016.  
-or- The period covered is / / , through December 31, 2016.  
☐ Assuming Office: Date assumed / /  
☐ Leaving Office: Date Left / / (Check one)  
☐ The period covered is January 1, 2016, through the date of leaving office.  
-or-  
☐ The period covered is / / , through the date of leaving office.  
☐ Candidate: Election year and office sought, if different than Part 1:

4. Schedule Summary (must complete) ► Total number of pages including this cover page:

Schedules attached

- ☐ Schedule A-1 - Investments - schedule attached ☐ Schedule C - Income, Loans, & Business Positions - schedule attached  
☐ Schedule A-2 - Investments - schedule attached ☐ Schedule D - Income - Gifts - schedule attached  
☐ Schedule B - Real Property - schedule attached ☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☒ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
1346 LASSEN AVE MILPITAS CA 95035  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
(408) 262-8425 raymag72@yahoo.com

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3-07-17  
(month, day, year)

Signature  
(File the originally signed statement with your filing official.)

**STATEMENT OF ECONOMIC INTERESTS**

**COVER PAGE**

City Clerk's Office  
Official Use Only

MAR 10 2017

**RECEIVED**

Please type or print in ink.

NAME OF FILER (LAST) MANDAL (FIRST) SUDHIR (MIDDLE)

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

PLANNING COMMISSION

MEMBER

Division, Board, Department, District, if applicable

Your Position

CITY OF MILPITAS

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County \_\_\_\_\_

☐ County of \_\_\_\_\_

☒ City of MILPITAS

☐ Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

☒ **Annual:** The period covered is January 1, 2016, through December 31, 2016.

☐ **Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2016.

☐ The period covered is January 1, 2016, through the date of leaving office.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ **Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ **Candidate:** Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary (must complete) ► Total number of pages including this cover page: \_\_\_\_\_**

**Schedules attached**

☒ **Schedule A-1 - Investments** – schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☐ **Schedule A-2 - Investments** – schedule attached

☐ **Schedule D - Income – Gifts** – schedule attached

☒ **Schedule B - Real Property** – schedule attached

☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or-

☐ **None - No reportable interests on any schedule**

**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
455 E. CALAVERAS BLVD. MILPITAS CA 95035  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
( )

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/7/17  
(month, day, year)

Signature [Signature]  
(File the originally signed statement with your filing official.)

# SCHEDULE A-1

## Investments

### Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM **700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

SUDHIR MANDAL

▶ NAME OF BUSINESS ENTITY

MANDAL SYSTEMS CONSULTING  
GENERAL DESCRIPTION OF THIS BUSINESS

BUSINESS MANAGEMENT

FAIR MARKET VALUE

☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Stock ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/16 \_\_\_\_/\_\_\_\_/16  
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Stock ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/16 \_\_\_\_/\_\_\_\_/16  
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Stock ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/16 \_\_\_\_/\_\_\_\_/16  
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Stock ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/16 \_\_\_\_/\_\_\_\_/16  
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Stock ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/16 \_\_\_\_/\_\_\_\_/16  
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Stock ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/16 \_\_\_\_/\_\_\_\_/16  
ACQUIRED DISPOSED

Comments: \_\_\_\_\_

SUDHIR MANDAL

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**

City Clerk's Office  
Date Initial Filing Received  
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**MAR 10 2017**  
**RECEIVED**

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Mohsin Zeya

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

City of Milpitas, CA 95035

Division, Board, Department, District, if applicable

Planning Commission

Your Position

Volunteer Commissioner

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

- ☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction)  
☐ Multi-County \_\_\_\_\_ ☐ County of \_\_\_\_\_  
☒ City of Milpitas, CA 95035 ☐ Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

- ☒ **Annual:** The period covered is January 1, 2016, through December 31, 2016.  
-or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2016.  
☐ **Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ **Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)  
○ The period covered is January 1, 2016, through the date of leaving office.  
-or-  
○ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.  
☐ **Candidate:** Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

**Schedule Summary (must complete) ► Total number of pages including this cover page: \_\_\_\_\_**

**Schedules attached**

- ☐ **Schedule A-1 - Investments** – schedule attached ☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached  
☐ **Schedule A-2 - Investments** – schedule attached ☐ **Schedule D - Income – Gifts** – schedule attached  
☐ **Schedule B - Real Property** – schedule attached ☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or-

☒ **None - No reportable interests on any schedule**

**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
644 N. Hillview Drive Milpitas CA 95035  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
( 408 ) 946-6199 \_\_\_\_\_

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 8<sup>th</sup> March 17  
(month, day, year)

Signature Zeya Mohsin  
(File the originally signed statement with your filing official.)

## STATEMENT OF ECONOMIC INTERESTS

## COVER PAGE

Date of Filing Received  
City Clerk's Office

MAR 10 2017

RECEIVED

Please type or print in ink.

NAME OF FILER (LAST)

(FIRST)

Morris

Demetress

## 1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Milpitas

Division, Board, Department, District, if applicable

Planning Commission

Your Position

Commissioner

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

## 2. Jurisdiction of Office (Check at least one box)

☒ State☐ Judge or Court Commissioner (Statewide Jurisdiction)☐ Multi-County \_\_\_\_\_☐ County of \_\_\_\_\_☒ City of Milpitas Ca.☐ Other \_\_\_\_\_

## 3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2016, through December 31, 2016.☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

-or-

The period covered is 01 / 01 / 2016, through December 31, 2016.

☐ The period covered is January 1, 2016, through the date of leaving office.☐ Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.☐ Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

## 4. Schedule Summary (must complete) ► Total number of pages including this cover page: 1

## Schedules attached

☐ Schedule A-1 - Investments - schedule attached☐ Schedule C - Income, Loans, & Business Positions - schedule attached☐ Schedule A-2 - Investments - schedule attached☐ Schedule D - Income - Gifts - schedule attached☐ Schedule B - Real Property - schedule attached☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☒ None - No reportable interests on any schedule

## 5. Verification

MAILING ADDRESS

STREET

CITY

STATE

ZIP CODE

(Business or Agency Address Recommended - Public Document)

455 E. Calveras

Milpitas

CA

95035

DAYTIME TELEPHONE NUMBER

( 408 ) 935-8074

E-MAIL ADDRESS

Demetress1@aol.com

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

03/06/2017

(month, day, year)

Signature

(File the originally signed statement with your filing official.)

**STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE**

City Clerk's Office  
Date Initial Filing Received  
Official Use Only  
**MAR 13 2017**  
**RECEIVED**

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Sandhu	Gurdev	Dave

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)  
City of Milpitas  
Division, Board, Department, District, if applicable  
Planning Commission  
Your Position  
Commissioner

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

<input type="checkbox"/> State	<input type="checkbox"/> Judge or Court Commissioner (Statewide Jurisdiction)
<input type="checkbox"/> Multi-County _____	<input type="checkbox"/> County of _____
<input checked="" type="checkbox"/> City of Milpitas	<input type="checkbox"/> Other _____

**3. Type of Statement (Check at least one box)**

<input checked="" type="checkbox"/> <b>Annual:</b> The period covered is January 1, 2016, through December 31, 2016.	<input type="checkbox"/> <b>Leaving Office:</b> Date Left ____/____/____ (Check one)
-or-	<input type="checkbox"/> The period covered is January 1, 2016, through the date of leaving office.
The period covered is ____/____/____, through December 31, 2016.	-or-
<input type="checkbox"/> <b>Assuming Office:</b> Date assumed ____/____/____	<input type="checkbox"/> The period covered is ____/____/____, through the date of leaving office.
<input type="checkbox"/> <b>Candidate:</b> Election year _____ and office sought, if different than Part 1: _____	

**4. Schedule Summary (must complete) ► Total number of pages including this cover page: 1**

**Schedules attached**

<input type="checkbox"/> <b>Schedule A-1 - Investments</b> – schedule attached	<input type="checkbox"/> <b>Schedule C - Income, Loans, &amp; Business Positions</b> – schedule attached
<input type="checkbox"/> <b>Schedule A-2 - Investments</b> – schedule attached	<input type="checkbox"/> <b>Schedule D - Income – Gifts</b> – schedule attached
<input type="checkbox"/> <b>Schedule B - Real Property</b> – schedule attached	<input type="checkbox"/> <b>Schedule E - Income – Gifts – Travel Payments</b> – schedule attached

-or-

☒ **None** - No reportable interests on any schedule

**5. Verification**

MAILING ADDRESS (Business or Agency Address Recommended - Public Document)	STREET	CITY	STATE	ZIP CODE
487 BAYVIEW PARK DR.		Milpitas	CA	95035
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS		
(408) 586-9556		gs.sandhu@hotmail.com		

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed March 12, 2017  
(month, day, year)

Signature Gurdev Singh Sandhu  
(File the originally signed statement with your filing official.)



APR - 3 2017

Please type or print in ink.

RECEIVED

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Corpus Jane

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Milpitas

Division, Board, Department, District, if applicable

Finance Department

Your Position

Interim Director of Financial Services

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County \_\_\_\_\_

☐ County of \_\_\_\_\_

☒ City of Milpitas

☐ Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2016, through December 31, 2016.

☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2016.

☐ The period covered is January 1, 2016, through the date of leaving office.

-or-

☒ Assuming Office: Date assumed 10 / \_\_\_\_ / 2016

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary (must complete) ► Total number of pages including this cover page: \_\_\_\_\_

Schedules attached

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☒ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
455 E Calaveras Blvd Milpitas CA 95035  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
( 408 ) 586-3125

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 4/1/17  
(month, day, year)

Signature Jane Corpus  
(File the originally signed statement with your filing official.)

**COVER PAGE**

Please type or print in ink.

NAME OF FILER (LAST) (FIRST)  
DIAZ CHRISTOPHER

City Clerk's Office  
MAR 30 2017  
RECEIVED

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

Milpitas, City of

Division, Board, Department, District, if applicable

Your Position

City Attorney\*

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County \_\_\_\_\_

☐ County of \_\_\_\_\_

☒ City of Milpitas

☐ Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

☒ **Annual:** The period covered is January 1, 2016, through December 31, 2016.

☐ **Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Choose one)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2016.

☐ The period covered is January 1, 2016, through the date of leaving office.

-or-

☐ **Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ **Candidate:** Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary (must complete) ► Total number of pages including this cover page: 3**

**Schedules attached**

☐ **Schedule A-1 - Investments** – schedule attached

☒ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☐ **Schedule A-2 - Investments** – schedule attached

☒ **Schedule D - Income – Gifts** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or-

☐ **None - No reportable interests on any schedule**

**5. Verification**

MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Document)				
2001 N. Main Street, Suite 390		Walnut Creek	CA	94596
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS			
( 925 ) 977-3300	christopher.diaz@bbklaw.com			

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/17/17  
(month, day, year)

Signature [Signature]  
(File the originally signed statement with your filing official.)

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
(Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

CHRISTOPHER DIAZ

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Best Best & Krieger LLP

ADDRESS (Business Address Acceptable)

2001 N. Main St., #390, Walnut Creek, Ca 94596

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Law Firm

YOUR BUSINESS POSITION

Of Counsel

GROSS INCOME RECEIVED

☐ No Income - Business Position Only

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☒ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☒ Salary ☐ Spouse's or registered domestic partner's income  
(For self-employed use Schedule A-2.)

☐ Partnership (Less than 10% ownership. For 10% or greater use  
Schedule A-2.)

☐ Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)

☐ Loan repayment

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

(Describe)

☐ Other \_\_\_\_\_  
(Describe)

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

☐ No Income - Business Position Only

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's or registered domestic partner's income  
(For self-employed use Schedule A-2.)

☐ Partnership (Less than 10% ownership. For 10% or greater use  
Schedule A-2.)

☐ Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)

☐ Loan repayment

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

(Describe)

☐ Other \_\_\_\_\_  
(Describe)

► **2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

INTEREST RATE

TERM (Months/Years)

\_\_\_\_\_% ☐ None

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property \_\_\_\_\_  
Street address

City

☐ Guarantor \_\_\_\_\_

☐ Other \_\_\_\_\_  
(Describe)

Comments:

# SCHEDULE D Income – Gifts

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name CHRISTOPHER DIAZ
---

▶ NAME OF SOURCE (Not an Acronym) Institute for Local Government ADDRESS (Business Address Acceptable) 1400 K Street, #205, Sacramento, CA 95814 BUSINESS ACTIVITY, IF ANY, OF SOURCE Board of Directors' Dinner <table border="1"> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td>08 / 25 / 16</td> <td>\$ 53.00</td> <td>Dinner</td> </tr> <tr> <td>___ / ___ / ___</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>___ / ___ / ___</td> <td>\$ _____</td> <td>_____</td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	08 / 25 / 16	\$ 53.00	Dinner	___ / ___ / ___	\$ _____	_____	___ / ___ / ___	\$ _____	_____	▶ NAME OF SOURCE (Not an Acronym) ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE <table border="1"> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td>___ / ___ / ___</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>___ / ___ / ___</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>___ / ___ / ___</td> <td>\$ _____</td> <td>_____</td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	___ / ___ / ___	\$ _____	_____	___ / ___ / ___	\$ _____	_____	___ / ___ / ___	\$ _____	_____
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___ / ___ / ___	\$ _____	_____																							
___ / ___ / ___	\$ _____	_____																							
___ / ___ / ___	\$ _____	_____																							

Comments: \_\_\_\_\_

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

City Clerk's Office  
Date Initial Filing Received  
Official Use Only  
MAR 07 2017  
RECEIVED

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Williams Tom

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Milpitas

Division, Board, Department, District, if applicable

Your Position

City Manager

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County

☐ County of

☒ City of Milpitas

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2016, through December 31, 2016.

☐ Leaving Office: Date Left (Check one)

-or-

The period covered is through December 31, 2016.

☐ The period covered is January 1, 2016, through the date of leaving office.

-or-

☐ Assuming Office: Date assumed

☐ The period covered is through the date of leaving office.

☐ Candidate: Election year and office sought, if different than Part 1:

4. Schedule Summary (must complete) ► Total number of pages including this cover page:

Schedules attached

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☒ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)

455 E. Calaveras Blvd.

Milpitas

CA

95035

DAYTIME TELEPHONE NUMBER

E-MAIL ADDRESS

( )

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

(month, day, year)

Signature

(File the originally signed statement with your filing official.)

**STATEMENT OF ECONOMIC INTERESTS**

City Clerk's Office  
Date Filed: MAY 25 2017  
Official Use Only

**COVER PAGE**

**RECEIVED**

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Fuentes Will

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

City of Milpitas

Division, Board, Department, District, if applicable

Finance Department

Your Position

Finance Director

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County \_\_\_\_\_

☐ County of \_\_\_\_\_

☒ City of Milpitas

☐ Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

☐ **Annual:** The period covered is January 1, 2016, through December 31, 2016.

☐ **Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2016.

☐ The period covered is January 1, 2016, through the date of leaving office.

-or-

☒ **Assuming Office:** Date assumed 05 / 15 / 2017

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ **Candidate:** Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary (must complete)**

► Total number of pages including this cover page: 1

**Schedules attached**

☐ **Schedule A-1 - Investments** – schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☐ **Schedule A-2 - Investments** – schedule attached

☐ **Schedule D - Income – Gifts** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or-

☒ **None - No reportable interests on any schedule**

**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)

455 E. Calaveras Blvd.

Milpitas

CA

95035

DAYTIME TELEPHONE NUMBER

( 408 ) 586-3111

E-MAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

5/25/17

(month, day, year)

Signature

(File the originally signed statement with your filing official.)



# CITY OF MILPITAS

455 EAST CALAVERAS BOULEVARD, MILPITAS, CA 95035-5479  
GENERAL INFORMATION: 408-586-3000 [www.ci.milpitas.ca.gov](http://www.ci.milpitas.ca.gov)

January 12, 2017

State of California  
Fair Political Practices Commission  
428 J Street, Suite 620  
Sacramento, CA 95814

**RE: FORM 700 STATEMENTS OF ECONOMIC INTERESTS**

Dear Brianne Kilbane:

Enclosed are the original Statements of Economic Interests for eight departing and incoming Milpitas City officials, both elected and appointed.

Leaving Office City Councilmembers:

Jose Esteves, Mayor  
Debbie Indihar Giordano, Councilmember  
Carmen Montano, Councilmember

Assuming Office City Councilmembers:

Richard Tran, Mayor  
Bob Nuñez, Councilmember

Leaving Office Planning Commission

Hon Lien, Commissioner

Assuming Office Planning Commission

Evelyn Chua, Alternate Member

Leaving City staff

Finance Director Russell Morreale

No new Finance Director has been appointed in our City to date. The current Assistant Finance Director Jane Corpus has been filling in on an interim basis while recruitment is ongoing.

New City Councilmember Anthony Phan has not turned in his Assuming Office Form 700. I'm trying to obtain that from him and will submit to FPPC when he completes it. He was sworn in on December 13.

If you have any questions about Forms 700 submitted by the City of Milpitas, please call me at 408-586-3001 or send e-mail to [mlavelle@ci.milpitas.ca.gov](mailto:mlavelle@ci.milpitas.ca.gov).

Sincerely,

Mary Lavelle, CMC  
City Clerk

c: City Attorney Chris Diaz

STATEMENT OF ECONOMIC INTERESTS

Date, Initial Filing Received  
Official Use Only  
City Clerk's Office  
JAN - 9 2017  
RECEIVED

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Nunez Robert R

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Milpitas

Division, Board, Department, District, if applicable

Your Position

City Council

City Council Member

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County \_\_\_\_\_

☐ County of \_\_\_\_\_

☒ City of Milpitas

☐ Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

☐ Annual: The period covered is January 1, 2016, through December 31, 2016.

☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Check one)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through December 31, 2016.

☐ The period covered is January 1, 2016, through the date of leaving office.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through the date of leaving office.

☒ Assuming Office: Date assumed 12 / 13 / 2016

☐ Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary (must complete) ► Total number of pages including this cover page: \_\_\_\_\_

Schedules attached

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☒ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)

2530 Berryessa Road #247

San Jose

CA

95132

DAYTIME TELEPHONE NUMBER

( 408 ) 598-6101

E-MAIL ADDRESS

bnunez51@yahoo.com

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 01/08/2017  
(month, day, year)

Signature

(File the originally signed statement with your filing official.)



**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**

City Clerk's Office  
Date Initial Filing Received  
Official Use Only  
DEC 21 2016  
**RECEIVED**

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Tran Richard Quoc

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

City of Milpitas

Division, Board, Department, District, if applicable

City Council

Your Position

Mayor

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

- ☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction)  
☐ Multi-County \_\_\_\_\_ ☐ County of \_\_\_\_\_  
☒ City of Milpitas ☐ Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

☐ **Annual:** The period covered is January 1, 2015, through December 31, 2015.

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2015.

☒ **Assuming Office:** Date assumed 12 / 13 / 2016

☐ **Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

☐ The period covered is January 1, 2015, through the date of leaving office.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ **Candidate:** Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary (must complete) ► Total number of pages including this cover page: 1**

**Schedules attached**

- ☐ **Schedule A-1 - Investments** – schedule attached ☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached  
☐ **Schedule A-2 - Investments** – schedule attached ☐ **Schedule D - Income – Gifts** – schedule attached  
☐ **Schedule B - Real Property** – schedule attached ☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or-

☒ **None - No reportable interests on any schedule**

**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
714 PARVIN DRIVE Milpitas CA 95035  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
(408) 391-2882 RT1091@NYU.edu

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 12/20/2016  
(month, day, year)

Signature Richard Tran  
(File the originally signed statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS

City Clerk's Office  
Date Initial Filing Received  
Official Use Only

DEC 13 2016

RECEIVED

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) Esteves (FIRST) Jose (MIDDLE) Sison

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Division, Board, Department, District, if applicable

Your Position

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

2. Jurisdiction of Office (Check at least one box)

- ☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction)  
☐ Multi-County \_\_\_\_\_ ☐ County of \_\_\_\_\_  
☒ City of Milpitas ☐ Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

- ☐ Annual: The period covered is January 1, 2015, through December 31, 2015.  
-or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2015.  
☐ Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_  
☒ Leaving Office: Date Left 12/13/16  
(Check one)  
☐ The period covered is January 1, 2015, through the date of leaving office.  
-or-  
☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 5

Schedules attached

- ☐ Schedule A-1 - Investments - schedule attached ☒ Schedule C - Income, Loans, & Business Positions - schedule attached  
☐ Schedule A-2 - Investments - schedule attached ☒ Schedule D - Income - Gifts - schedule attached  
☒ Schedule B - Real Property - schedule attached ☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

- ☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
455 E. Calaveras Blvd Milpitas CA 95035  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
(408) 263 1153 estevesj@aol.com

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 12/13/16  
(month, day, year)

Signature [Signature]  
(File the originally signed statement with your filing official.)

**SCHEDULE B**  
**Interests in Real Property**  
 (Including Rental Income)

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
788/790 Abel St.  
 CITY Milpitas

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☒ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

ACQUIRED 15 DISPOSED 15

NATURE OF INTEREST  
☒ Ownership/Deed of Trust ☐ Easement  
☐ Leasehold ☐ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000  
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
☐ None  
Lumendez Family  
Ayenza "

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
604 KCC Penryn St.  
 CITY Milpitas

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☒ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

ACQUIRED 15 DISPOSED 15

NATURE OF INTEREST  
☒ Ownership/Deed of Trust ☐ Easement  
☐ Leasehold ☐ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000  
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
☐ None  
Nhan Tran family  
Abby "

\* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\* Not Reportable  
 ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_

INTEREST RATE \_\_\_\_\_% ☐ None TERM (Months/Years) \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD  
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000 ☐ OVER \$100,000  
☐ Guarantor, if applicable

NAME OF LENDER\* Not Reportable  
 ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_

INTEREST RATE \_\_\_\_\_% ☐ None TERM (Months/Years) \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD  
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000 ☐ OVER \$100,000  
☐ Guarantor, if applicable

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
(Other than Gifts and Travel Payments)

<b>CALIFORNIA FORM 700</b> <b>FAIR POLITICAL PRACTICES COMMISSION</b>
Name <u>John Esteves</u>

1. INCOME RECEIVED	1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>John Esteves, R.E. Broker</u>	NAME OF SOURCE OF INCOME <u>Susan R. Esteves</u>
ADDRESS (Business Address Acceptable) <u>825 Canada Dr. Milpitas CA 95035</u>	ADDRESS (Business Address Acceptable) <u>825 Canada Dr. Milpitas CA 95035</u>
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Real Estate Services</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Property Management</u>
YOUR BUSINESS POSITION <u>Real Estate Broker</u>	YOUR BUSINESS POSITION <u>Property Manager</u>
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input checked="" type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input checked="" type="checkbox"/> Rental Income, list each source of \$10,000 or more <u>see Schedule B</u> (Describe) <input checked="" type="checkbox"/> Other <u>Referral Services</u> (Describe)	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input checked="" type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input checked="" type="checkbox"/> Rental Income, list each source of \$10,000 or more <u>see Schedule B</u> (Describe) <input type="checkbox"/> Other _____ (Describe)

**2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*	INTEREST RATE	TERM (Months/Years)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
BUSINESS ACTIVITY, IF ANY, OF LENDER	<input type="checkbox"/> Real Property _____	Street address
_____		City
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> Other _____	(Describe)
<input type="checkbox"/> \$1,001 - \$10,000		
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> OVER \$100,000		

Comments: \_\_\_\_\_

# SCHEDULE D Income – Gifts

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name <u>John Estevez</u>
---

▶ NAME OF SOURCE (Not an Acronym)  
Victor San Vicente / Kelly Yap  
 ADDRESS (Business Address Acceptable)  
Mountain View, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Montage Co. / R. E. Bridgeway  
 DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  
07/28/16 \$50 Dinner / Chamber Event

▶ NAME OF SOURCE (Not an Acronym)  
 ADDRESS (Business Address Acceptable)  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  
 / / \$  
 / / \$  
 / / \$

▶ NAME OF SOURCE (Not an Acronym)  
 ADDRESS (Business Address Acceptable)  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  
 / / \$  
 / / \$  
 / / \$

▶ NAME OF SOURCE (Not an Acronym)  
 ADDRESS (Business Address Acceptable)  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  
 / / \$  
 / / \$  
 / / \$

▶ NAME OF SOURCE (Not an Acronym)  
 ADDRESS (Business Address Acceptable)  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  
 / / \$  
 / / \$  
 / / \$

▶ NAME OF SOURCE (Not an Acronym)  
 ADDRESS (Business Address Acceptable)  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  
 / / \$  
 / / \$  
 / / \$

Comments: \_\_\_\_\_

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <u>Jon Esteves</u>

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$460 gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel that occurred on or after January 1, 2016, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym) <u>Debra Fernandez</u>
ADDRESS (Business Address Acceptable) <u>Dagupan City, Philippines</u>
CITY AND STATE
<input type="checkbox"/> 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): <u>09/30/16 - 09/30/16</u> AMT: \$ <u>45.00</u> (If gift)
▶ MUST CHECK ONE: <input checked="" type="checkbox"/> Gift -or- <input type="checkbox"/> Income
<input type="radio"/> Made a Speech/Participated in a Panel
<input checked="" type="radio"/> Other - Provide Description <u>Visit to Dagupan City</u>
▶ If Gift, Provide Travel Destination <u>Dagupan City, Philippines</u>

▶ NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)
CITY AND STATE
<input type="checkbox"/> 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ (If gift)
▶ MUST CHECK ONE: <input type="checkbox"/> Gift -or- <input type="checkbox"/> Income
<input type="radio"/> Made a Speech/Participated in a Panel
<input type="radio"/> Other - Provide Description _____
▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)
CITY AND STATE
<input type="checkbox"/> 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ (If gift)
▶ MUST CHECK ONE: <input type="checkbox"/> Gift -or- <input type="checkbox"/> Income
<input type="radio"/> Made a Speech/Participated in a Panel
<input type="radio"/> Other - Provide Description _____
▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)
CITY AND STATE
<input type="checkbox"/> 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ (If gift)
▶ MUST CHECK ONE: <input type="checkbox"/> Gift -or- <input type="checkbox"/> Income
<input type="radio"/> Made a Speech/Participated in a Panel
<input type="radio"/> Other - Provide Description _____
▶ If Gift, Provide Travel Destination _____

Comments: \_\_\_\_\_

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

City Clerk's Office  
Date Initial Filing Received  
Official Use Only  
DEC 7 2016  
RECEIVED

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Indihar Giordano Debbie

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Milpitas

Division, Board, Department, District, if applicable

City Council

Your Position

Councilmember

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

2. Jurisdiction of Office (Check at least one box)

- ☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction)  
☐ Multi-County \_\_\_\_\_ ☐ County of \_\_\_\_\_  
☒ City of Milpitas ☐ Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

- ☒ **Annual:** The period covered is January 1, 2015, through December 31, 2015.  
-or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2015.  
☐ **Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ **Candidate:** Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_  
☒ **Leaving Office:** Date Left 12 / 13 / 2016  
(Check one)  
☐ The period covered is January 1, 2015, through the date of leaving office.  
-or-  
☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 3

Schedules attached

- ☒ Schedule A-1 - Investments - schedule attached ☐ Schedule C - Income, Loans, & Business Positions - schedule attached  
☒ Schedule A-2 - Investments - schedule attached ☐ Schedule D - Income - Gifts - schedule attached  
☐ Schedule B - Real Property - schedule attached ☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

- ☐ **None** - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
455 E Calaveras Blvd Milpitas CA 95035  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
( 408 ) 586-3000

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 12/07/16  
(month, day, year)

Signature  
(File the originally signed statement with your filing official.)

# SCHEDULE A-1

## Investments

### Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700  
FAIR POLITICAL PRACTICES COMMISSION

Name

Debra J. Indurain

NAME OF BUSINESS ENTITY  
Wells Fargo Advisors

GENERAL DESCRIPTION OF THIS BUSINESS  
ONE Almaden Blvd #150, SAN JOSE, CA 95113

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☒ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

NATURE OF INVESTMENT  
☒ Stock  
☐ Other (Describe) \_\_\_\_\_  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/15 ACQUIRED \_\_\_\_\_/\_\_\_\_\_/15 DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock  
☐ Other (Describe) \_\_\_\_\_  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/15 ACQUIRED \_\_\_\_\_/\_\_\_\_\_/15 DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock  
☐ Other (Describe) \_\_\_\_\_  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/15 ACQUIRED \_\_\_\_\_/\_\_\_\_\_/15 DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock  
☐ Other (Describe) \_\_\_\_\_  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/15 ACQUIRED \_\_\_\_\_/\_\_\_\_\_/15 DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock  
☐ Other (Describe) \_\_\_\_\_  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/15 ACQUIRED \_\_\_\_\_/\_\_\_\_\_/15 DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock  
☐ Other (Describe) \_\_\_\_\_  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/15 ACQUIRED \_\_\_\_\_/\_\_\_\_\_/15 DISPOSED

Comments:



**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <i>Debra J. Indich</i> <i>Grubbs</i>

<b>1. BUSINESS ENTITY OR TRUST</b>	
Name <i>MASPER BROKERS</i>	
Address (Business Address Acceptable) <i>1916 GRAND Teton Dr. MILPITAS CA 95035</i>	
Check one <input type="checkbox"/> Trust, go to 2 <input checked="" type="checkbox"/> Business Entity, complete the box, then go to 2	
<b>GENERAL DESCRIPTION OF THIS BUSINESS</b> <i>REAL ESTATE</i>	
FAIR MARKET VALUE <input checked="" type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/15 ACQUIRED ____/____/15 DISPOSED
NATURE OF INVESTMENT <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other	
YOUR BUSINESS POSITION <i>OWNER</i>	

<b>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)</b>	
<input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000

<b>3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE</b> (Attach a separate sheet if necessary.)	
<input type="checkbox"/> None or <input checked="" type="checkbox"/> Names listed below	
<i>Old Republic Title</i>	
<i>Chicago Title</i>	

<b>4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST</b>	
Check one box: <input type="checkbox"/> INVESTMENT <input type="checkbox"/> REAL PROPERTY	
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property	
Description of Business Activity or City or Other Precise Location of Real Property	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/15 ACQUIRED ____/____/15 DISPOSED
NATURE OF INTEREST <input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership	
<input type="checkbox"/> Leasehold _____ Yrs. remaining <input type="checkbox"/> Other _____	
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

<b>1. BUSINESS ENTITY OR TRUST</b>	
Name	
Address (Business Address Acceptable)	
Check one <input type="checkbox"/> Trust, go to 2 <input type="checkbox"/> Business Entity, complete the box, then go to 2	
<b>GENERAL DESCRIPTION OF THIS BUSINESS</b>	
FAIR MARKET VALUE <input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/15 ACQUIRED ____/____/15 DISPOSED
NATURE OF INVESTMENT <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other	
YOUR BUSINESS POSITION	

<b>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)</b>	
<input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000

<b>3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE</b> (Attach a separate sheet if necessary.)	
<input type="checkbox"/> None or <input type="checkbox"/> Names listed below	

<b>4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST</b>	
Check one box: <input type="checkbox"/> INVESTMENT <input type="checkbox"/> REAL PROPERTY	
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property	
Description of Business Activity or City or Other Precise Location of Real Property	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/15 ACQUIRED ____/____/15 DISPOSED
NATURE OF INTEREST <input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership	
<input type="checkbox"/> Leasehold _____ Yrs. remaining <input type="checkbox"/> Other _____	
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

Comments: \_\_\_\_\_

**STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE**

City Clerk's Office  
Date Initial Filing Received  
Official Use Only  
DEC 13 2016  
**RECEIVED**

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Montano Carmen

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)  
City of Milpitas  
Division, Board, Department, District, if applicable  
City Council  
Your Position  
Councilmember

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction)  
☐ Multi-County \_\_\_\_\_ ☐ County of \_\_\_\_\_  
☒ City of Milpitas ☐ Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

☒ **Annual:** The period covered is January 1, 2015, through December 31, 2015.  
-or-  
The period covered is \_\_\_\_\_, through December 31, 2015.  
☐ **Assuming Office:** Date assumed \_\_\_\_\_  
☐ **Candidate:** Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_  
☒ **Leaving Office:** Date Left 12 / 13 / 2016  
(Check one)  
☐ The period covered is January 1, 2015, through the date of leaving office.  
-or-  
☐ The period covered is \_\_\_\_\_, through the date of leaving office.

**4. Schedule Summary (must complete) ► Total number of pages including this cover page: 1**

**Schedules attached**

☐ **Schedule A-1 - Investments** – schedule attached ☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached  
☐ **Schedule A-2 - Investments** – schedule attached ☐ **Schedule D - Income – Gifts** – schedule attached  
☐ **Schedule B - Real Property** – schedule attached ☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or-  
☒ **None** - No reportable interests on any schedule

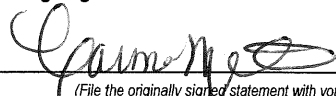
**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
455 E Calaveras Blvd Milpitas CA 95035  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
( 408 ) 586-3000

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed Dec 13, 2016  
(month, day, year)

Signature   
(File the originally signed statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

City Clerk's Office  
Date Initial Filing Received  
Official Use Only  
DEC 14 2016  
RECEIVED

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
CHUA EVELYN QUEDADO

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CITY OF MILLPITAS

Division, Board, Department, District, if applicable

PLANNING COMMISSION

Your Position

ALTERNATE MEMBER

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County

☐ County of

☒ City of MILLPITAS

☐ Other

3. Type of Statement (Check at least one box)

☐ Annual: The period covered is January 1, 2015, through December 31, 2015.

☐ Leaving Office: Date Left / / (Check one)

-or-

The period covered is / / through December 31, 2015.

☐ The period covered is January 1, 2015, through the date of leaving office.

-or-

☐ The period covered is / / through the date of leaving office.

☒ Assuming Office: Date assumed 12/14/2016

☐ Candidate: Election year and office sought, if different than Part 1:

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 1

Schedules attached

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☒ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)

929 COVENTRY WAY

MILLPITAS

CA

95035

DAYTIME TELEPHONE NUMBER

(408) 946-7076

E-MAIL ADDRESS

CHUA4EVELYN@GMAIL.COM

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 12-14-16  
(month, day, year)

Signature  
(File the originally signed statement with your filing official.)

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**

City of Milpitas  
Date Initial Filing Received  
Official Use Only  
DEC 31 2016  
RECEIVED

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Lien Hon

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

City of Milpitas

Division, Board, Department, District, if applicable

Planning Commission

Your Position

Commissioner

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

- ☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction)  
☐ Multi-County \_\_\_\_\_ ☐ County of \_\_\_\_\_  
☒ City of Milpitas ☐ Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

- ☐ **Annual:** The period covered is January 1, 2015, through December 31, 2015.  
-or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2015.  
☐ **Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ **Candidate:** Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_  
☒ **Leaving Office:** Date Left 11 / 15 / 2016  
(Check one)  
☐ The period covered is January 1, 2015, through the date of leaving office.  
-or-  
☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

**4. Schedule Summary (must complete) ► Total number of pages including this cover page: \_\_\_\_\_**

**Schedules attached**

- ☐ **Schedule A-1 - Investments** – schedule attached ☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached  
☐ **Schedule A-2 - Investments** – schedule attached ☐ **Schedule D - Income – Gifts** – schedule attached  
☐ **Schedule B - Real Property** – schedule attached ☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or-

☒ **None** - No reportable interests on any schedule

**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)

499 S. Park Victoria Dr.

Milpitas

CA

95035

DAYTIME TELEPHONE NUMBER

(408) 439-1207

E-MAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 12/15/16  
(month, day, year)

Signature Wendell  
(File the originally signed statement with your filing official.)

**COVER PAGE**

NOV - 8 2016

**RECEIVED**

Please type or print in ink.

NAME OF FILER (LAST) Morreale (FIRST) Russell (MIDDLE) J

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

City of Milpitas

Director of Financial Services

Division, Board, Department, District, if applicable

Your Position

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Milpitas Oversight Board to the Redevelopment Agency for the City of Milpitas

Position: Board Member

**2. Jurisdiction of Office (Check at least one box)**

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County

☐ County of

☒ City of Milpitas

☐ Other

**3. Type of Statement (Check at least one box)**

☒ **Annual:** The period covered is January 1, 2015, through December 31, 2015.

☒ **Leaving Office:** Date Left 10/14/2016  
(Check one)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2015.

☐ The period covered is January 1, 2015, through the date of leaving office.

-or-

☐ **Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

☒ The period covered is 01/01/2016, through the date of leaving office.

☐ **Candidate:** Election year \_\_\_\_ and office sought, if different than Part 1: \_\_\_\_

**4. Schedule Summary (must complete)**

► Total number of pages including this cover page: 4

**Schedules attached**

☒ **Schedule A-1 - Investments** - schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** - schedule attached

☐ **Schedule A-2 - Investments** - schedule attached

☐ **Schedule D - Income - Gifts** - schedule attached

☐ **Schedule B - Real Property** - schedule attached

☐ **Schedule E - Income - Gifts - Travel Payments** - schedule attached

-or-

☐ **None** - No reportable interests on any schedule

**5. Verification**

MAILING ADDRESS

STREET

CITY

STATE

ZIP CODE

(Business or Agency Address Recommended - Public Document)

455 E. Calaveras Blvd.

Milpitas

CA

95035

DAYTIME TELEPHONE NUMBER

(650) 739-5192

E-MAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

11/2/2016

(month, day, year)

Signature

[Signature]  
(File the originally signed statement with your filing official.)

# SCHEDULE A-1

## Investments

### Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Russell J. Morreale

NAME OF BUSINESS ENTITY

Microsoft

GENERAL DESCRIPTION OF THIS BUSINESS

Technology

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☒ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock

☐ Other

(Describe)

☐ Partnership ☒ Income Received of \$0 - \$499

☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

       /        / 15  
ACQUIRED

       /        / 15  
DISPOSED

NAME OF BUSINESS ENTITY

Sempra Energy

GENERAL DESCRIPTION OF THIS BUSINESS

Energy

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☒ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock

☐ Other

(Describe)

☐ Partnership ☐ Income Received of \$0 - \$499

☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

       /        / 15  
ACQUIRED

       /        / 15  
DISPOSED

NAME OF BUSINESS ENTITY

Bank of America

GENERAL DESCRIPTION OF THIS BUSINESS

Financial

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☒ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock

☐ Other

(Describe)

☐ Partnership ☐ Income Received of \$0 - \$499

☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

       /        / 15  
ACQUIRED

       /        / 15  
DISPOSED

NAME OF BUSINESS ENTITY

Prudential Insurance

GENERAL DESCRIPTION OF THIS BUSINESS

Insurance

FAIR MARKET VALUE

☒ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock

☐ Other

(Describe)

☐ Partnership ☐ Income Received of \$0 - \$499

☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

       /        / 15  
ACQUIRED

       /        / 15  
DISPOSED

NAME OF BUSINESS ENTITY

Apple

GENERAL DESCRIPTION OF THIS BUSINESS

Technology

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☒ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Stock

☐ Other

(Describe)

☐ Partnership ☐ Income Received of \$0 - \$499

☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

       /        / 15  
ACQUIRED

       /        / 15  
DISPOSED

NAME OF BUSINESS ENTITY

Chevron

GENERAL DESCRIPTION OF THIS BUSINESS

Energy

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☒ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock

☐ Other

(Describe)

☐ Partnership ☐ Income Received of \$0 - \$499

☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

       /        / 15  
ACQUIRED

       /        / 15  
DISPOSED

Comments:

# SCHEDULE A-1

## Investments

### Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Russell J Morreale

NAME OF BUSINESS ENTITY

Ford

GENERAL DESCRIPTION OF THIS BUSINESS

Automotive

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☒ Stock ☐ Other (Describe)  
☐ Partnership ☒ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

/ / 15 / / 15  
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

IDA Corp

GENERAL DESCRIPTION OF THIS BUSINESS

Energy

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☒ Stock ☐ Other (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

/ / 15 / / 15  
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

American Electric Power

GENERAL DESCRIPTION OF THIS BUSINESS

Energy

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☒ Stock ☐ Other (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

/ / 15 / / 15  
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

Honda Motor Company

GENERAL DESCRIPTION OF THIS BUSINESS

Automotive

FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☒ Stock ☐ Other (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

/ / 15 / / 15  
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

US Bank

GENERAL DESCRIPTION OF THIS BUSINESS

Finance

FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock ☐ Other (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

/ / 15 / / 15  
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

Starbucks

GENERAL DESCRIPTION OF THIS BUSINESS

Food

FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☒ Stock ☐ Other (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

/ / 15 / / 15  
 ACQUIRED DISPOSED

Comments:

# SCHEDULE A-1

## Investments

### Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Russell J Morreale

#### NAME OF BUSINESS ENTITY

Tesla

#### GENERAL DESCRIPTION OF THIS BUSINESS

Automotive

#### FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

#### NATURE OF INVESTMENT

- ☒ Stock ☐ Other (Describe)  
☐ Partnership ☒ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/15 ACQUIRED \_\_\_\_/\_\_\_\_/15 DISPOSED

#### NAME OF BUSINESS ENTITY

Disney

#### GENERAL DESCRIPTION OF THIS BUSINESS

Entertainment

#### FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

#### NATURE OF INVESTMENT

- ☒ Stock ☐ Other (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/15 ACQUIRED \_\_\_\_/\_\_\_\_/15 DISPOSED

#### NAME OF BUSINESS ENTITY

General Motors

#### GENERAL DESCRIPTION OF THIS BUSINESS

Automotive

#### FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

#### NATURE OF INVESTMENT

- ☒ Stock ☐ Other (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/15 ACQUIRED \_\_\_\_/\_\_\_\_/15 DISPOSED

#### NAME OF BUSINESS ENTITY

General Electric

#### GENERAL DESCRIPTION OF THIS BUSINESS

Energy

#### FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

#### NATURE OF INVESTMENT

- ☒ Stock ☐ Other (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/15 ACQUIRED \_\_\_\_/\_\_\_\_/15 DISPOSED

#### NAME OF BUSINESS ENTITY

American Water Works

#### GENERAL DESCRIPTION OF THIS BUSINESS

Utilities

#### FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

#### NATURE OF INVESTMENT

- ☐ Stock ☐ Other (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/15 ACQUIRED \_\_\_\_/\_\_\_\_/15 DISPOSED

#### NAME OF BUSINESS ENTITY

Starbucks

#### GENERAL DESCRIPTION OF THIS BUSINESS

Food

#### FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

#### NATURE OF INVESTMENT

- ☒ Stock ☐ Other (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/15 ACQUIRED \_\_\_\_/\_\_\_\_/15 DISPOSED

Comments: